



**Nebraska Board of Public Accountancy**  
**PO Box 94725 Lincoln, NE 68509**  
**(402) 471-3595**

**QUALITY ENHANCEMENT PROGRAM (QEP)**  
**CRITERIA FOR VOLUNTEER REVIEWERS**

The Board's QEP program reviews practitioners' audits, reviews, and compilations for the purpose of education. Each practice unit must submit reports or request an extension from filing reports every three years. The year 2005 process needs volunteer reviewers in May and June. Tentative dates for reviews are as follows:

- May 23-24, 2005 – Review of Governmental Reports (need a minimum of seven people)  
May 31-June 1-3, 2005 – First Level Review of Reports  
June 6-10, 2005 – Second Level Review of Reports

By participating in the QEP Review Program, a practitioner can earn eight hours of Continuing Professional Education (CPE) per each day of review and his/her firm will be given \$100 per day to help defray expenses. Volunteer reviewers must complete an application (on the back of this form) and be approved in advance by the Board.

**Reviewers must meet the following criteria for First Level Review:**

1. Must have five years of experience in audits, reviews, or compilations **or** five years of Academia.
2. Should participate in at least five financial statement engagements per year.
3. Must sign a confidentiality statement regarding the reports reviewed.

**Reviewers must meet the following criteria for Second Level Review:**

1. Must have a current Nebraska active permit to practice.
2. Must be competently experienced in audits, reviews, or compilations.
3. Should participate in at least five financial statement engagements per year.
4. Must sign a confidentiality statement regarding the reports reviewed.

If you are interested in participating in the QEP program as a volunteer reviewer, please indicate below which dates you would be able to review, complete the application on the reverse side of this page, and return this sheet to the Board of Public Accountancy at PO Box 94725 Lincoln, NE 68509. You will be notified if you are selected to participate in the review process. **Thank you!**

**I am interested in serving on the Board's QEP Committee; please submit my name to the Board as a candidate for appointment to the QEP Committee. (Complete reviewer application on reverse side.)**

\_\_\_\_\_YES

\_\_\_\_\_NO

**Please indicate how many days you would be able to participate in the review process:** \_\_\_\_\_

**Please indicate on a scale from 1 to 5 (1 being the highest and 5 being the lowest) the days you would like to review.**

\_\_\_\_May 23, 2005      \_\_\_\_May 24, 2005      (Government reports only – 1<sup>st</sup> and 2<sup>nd</sup> level reviews)

**First Level Reviews:**

\_\_\_\_May 31, 2005      \_\_\_\_June 1, 2005      \_\_\_\_June 2, 2005      \_\_\_\_June 3, 2005

**Second Level Reviews:**

\_\_\_\_June 6, 2005      \_\_\_\_June 7, 2005      \_\_\_\_June 8, 2005      \_\_\_\_June 9, 2005      \_\_\_\_June 10, 2005

## QUALITY ENHANCEMENT PROGRAM (QEP)

### VOLUNTEER REVIEWER APPLICATION

Practitioners wishing to be volunteer reviewers must complete this application and return it to the Board's office at  
PO Box 94725 Lincoln, NE 68509

Name \_\_\_\_\_ Certificate # (if applicable) \_\_\_\_\_

Organization \_\_\_\_\_ Fed. ID# \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

1. Nebraska permit number (if applicable): \_\_\_\_\_

2. What position do you hold in your organization? \_\_\_\_\_

For how long? \_\_\_\_\_

3. How many years of experience do you have in performing the following reports?

Audits? \_\_\_\_\_ Reviews? \_\_\_\_\_ Compilations? \_\_\_\_\_

4. Do you have review responsibility in your firm? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

If yes, at what level? \_\_\_\_\_

5. How many financial statement engagements do you perform per year? \_\_\_\_\_

6. Check the areas of expertise you possess (check all that apply).

\_\_\_\_\_ Insurance \_\_\_\_\_ Banking \_\_\_\_\_ Not for Profit \_\_\_\_\_ School \_\_\_\_\_ Government

\_\_\_\_\_ Construction \_\_\_\_\_ Co-ops & Grain Elevators \_\_\_\_\_ Hospital \_\_\_\_\_ HUD

\_\_\_\_\_ Other (specify): \_\_\_\_\_

7. Have you ever been a QEP reviewer? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when? \_\_\_\_\_

8. Have you ever been a QEP Team Captain before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when? \_\_\_\_\_

*I agree that, if asked to review reports in the QEP Program, I will treat the reports, recommendations, and findings as confidential information. I will review work products objectively, discreetly, and confidentially. I will not discuss reports reviewed, recommendations, and/or findings with anyone but Board members, Board personnel, or QEP Committee members.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature